## STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine

Tel: (207)287-4179 FAX: 287-6775

Website: www.maine.gov/ethics

## STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: TIMOTHY F.	( P)	Please the Di	e check the appropriate box and fill in strict number.
CITY: Betal			Member of the Senate, District
ZIP CODE:	<u> </u>		
PHONE NUMBER: 207-824-	76 98	X	Member of the House, District 2/

## GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

## 5:00 p.m. on February 15, 2007.

- The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is

PLEASE KEEP A	COPY OF THIS	STATEMENT FOR YOUR	FILES.
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	Address	<u>Principal Type of Economic</u> <u>Activity of Employer</u>
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RT II. INCOME DERIVED F Enter the name and address of income. If associated with a p economic activity of that entity	ROM SELF-EMPLOYMENT. (For Leg your business, if any, and list the major are artnership, firm, professional association, or	rislators who are self-employed.) as of economic activity from which you der r similar business entity, list the major areas
or Business Entity	ajor Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entit
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derived such income. If this for	erived from self-employment that represents and specify the principal type of economic ac	tivity of the entity or person from whom yo
Name each source of income de \$1,000, whichever is greater, ar derived such income. If this for	erived from self-employment that represents	tivity of the entity or person from whom yo
Name each source of income de \$1,000, whichever is greater, anderived such income. If this for specify only the principal type of	erived from self-employment that represents ad specify the principal type of economic ac am of disclosure is prohibited by law, rule, of af economic activity of the entity or person to	crivity of the entity or person from whom your an established code of professional ethics from whom the income was derived.  Principal Type of Economic Activity of Entity or Person Who Is the
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PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

TABLE	Social Security  General Returned  mes of creditors for any unsecured loadeas of economic activity of each creditors
TABLE LIABILITIES. List the nare e reporting period, and list the major are ate.	mes of creditors for any unsecured los eas of economic activity of each creditor
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ate.	cas of economic activity of each creditor
Address of Creditor	
AQQTESS Of Creditor	Principal Type of Economic
	Activity of Creditor
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ARIA. List the source of any honor.	aria accepted for appearances or speed
4	
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RESTATE ACENTORS	ch avanting him i
RE STATE AGENCIES. Identify ea action of any amount. If none, so state	on executive branch agency before whi
sation of any amount. If none, so state.  3.  4.	
	Name the specific source of each gift agle source. If none, so state.  3. 4.  ARIA. List the source of any honorse.  3. 4.

	ATE AGENCIES. Identify each executive branch agency to which your services with a value in excess of \$1,000 during the reporting period.	·
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	BY MEMBERS OF IMMEDIATE FAMILY.	
Tiet the c	OF IMMEDIATE FAMILY.	
child (ren) during the reporting	resenting each source of income of \$1,000 or more received by your sp I and the kind of income represented. Do not include gifts. Indicate of	
income received by spouse and ( <b>D</b> ) be	resenting each source of income of \$1,000 or more received by your sp I and the kind of income represented. Do not include gifts. Indicate (\$) eside sources of income received by dependent(s).	ouse or depende beside sources
•	sources of income received by dependent(s).	,
Type of Economic Activity Representing Each Source of		
Income Received		
	Kind of Income	•
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The intentional filing of a false statement shall be a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. A Legislator who willfully fails to file a required statement is subject to a civil penalty not to exceed \$1,000, payable to the State and recoverable in a civil action. (1 M.R.S.A. § 1019)

MAY U. Signature

Date